

Name _____

Job _____

HUMAN RESOURCES

APPLICATION FOR EMPLOYMENT



DENVER WATER



DENVER WATER APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

Denver Water provides all applicants with an equal opportunity to compete for openings. All selection decisions are based on job related factors without regard to an applicant's race, religion, national origin, color, sex, age or disability.

Applicants requiring assistance in completing this application should inform Human Resources so that assistance can be provided.

INSTRUCTIONS

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. **Please print**, except for signature on back of application.

--Information on this application will be verified--

Position applied for	Today's date
Type of employment sought: <input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Summer <input type="checkbox"/> Part-time	Date available

PERSONAL DATA

Last Name	First	Middle	Preferred Name	Home Phone
Complete Street Address				Business Phone
City	State	Zip Code	Social Security Number	
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a citizen of the United States or do you have a valid work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Proof of citizenship or immigration status will be required upon employment)</i>			
Do you have relatives working here? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Relatives are: spouse, domestic partner, child, grandchild, parent, grandparent, sibling, mother or father-in-law, son or daughter-in-law, parent or child or sibling of domestic partner, stepparent, stepchild, or comparable legal step relationships, uncle, aunt, niece, or nephew)</i> If so, Name(s), Relationship(s), and Work Area: _____ _____ _____				

RECRUITMENT INFORMATION

How did you first learn of this position?		
<input type="checkbox"/> Direct contact	<input type="checkbox"/> Job hotline	<input type="checkbox"/> Denver Water employee _____
<input type="checkbox"/> Advertisement	<input type="checkbox"/> School	<input type="checkbox"/> Other _____

MILITARY

Branch of Service	Rank/Rate at Discharge
Active Duty Service Dates: From	To
Describe your service duties and any special training:	
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black;"></div>	
Veterans Points Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(see attached sheets for requirements)</i>	

GENERAL

Have you ever applied here before?	If Yes, Date(s)
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been employed here before?	If Yes, Date(s)
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been convicted of a crime which has not been expunged or sealed by a court? <div style="text-align: center; margin: 10px 0;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> If Yes, describe in full _____ _____ _____ _____	
NOTE: A conviction record will not necessarily be a bar to employment.	
Information for position requiring driving: Do you have a valid Colorado driver's license: <input type="checkbox"/> Yes <input type="checkbox"/> No Class: <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/> CDL: <input type="checkbox"/> A <input type="checkbox"/> B Endorsements: _____ <div style="display: flex; justify-content: space-between;"> Driver's License Number _____ Expiration Date _____ </div> List all moving traffic violations (last three years): _____ _____ List all accidents you have been involved in (last three years): _____ _____	

EDUCATION AND TRAINING

Name, Address (include City and State) and Phone No. of last high school attended		Dates Attended		GED certification number Issued by/ Phone No.	
		From	To		
Highest grade completed:		Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name, Address (include City and State) and Phone No. of College or University	Dates Attended	From	To	Major	Type of Degree	Date of Degree

Other schools or training (trade, vocational, armed forces, or business). Give name and location of each school, date attended, subjects studied, certificates, and any other pertinent data.

Was education or training received under another name? ☐ Yes ☐ No

If yes, provide other name(s) and dates used:

SKILLS

If you are an experienced operator of any business machines or equipment, including computer hardware/software, list (<i>include skill level and year last used</i>):	If you are an experienced operator of any heavy equipment, trucks, or any other machinery, list (<i>include skill level and year last used</i>):
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Do you keyboard? <input type="checkbox"/> Yes <input type="checkbox"/> No Words per minute:	Special qualifications (licenses; patents or inventions; publications; honors or awards); <i>include dates received or produced.</i>
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Do you have any other skills you wish to mention? *Include date acquired, skill level and year last used.*

Special language skills - state whether reading, speaking, or writing:

WORK HISTORY

INSTRUCTIONS: The Work History must be accurate and complete **or your application will be subject to rejection**. List your entire work history in order starting with your present or last job. Account for all periods of time including military service and any periods of unemployment. List each promotion as a separate job. Be thorough and specific in explaining your duties. Contact may be made with the employers listed below to discuss details of your previous employment(s) unless you specifically state that no such contact should be made.

Present or last employer				Employment Dates (Month/Year)	
				From:	To:
Complete address, include City and State				<input type="checkbox"/> Full time <input type="checkbox"/> Part time	
Your title	Supervisory? <input type="checkbox"/> No <input type="checkbox"/> Yes	Number supervised?	Type supervised? <input type="checkbox"/> Labor <input type="checkbox"/> Technical <input type="checkbox"/> Professional		Salary
Duties					
Reason for leaving		Name of supervisor		Telephone number	
Previous employer				Employment Dates (Month/Year)	
				From:	To:
Complete address, include City and State				<input type="checkbox"/> Full time <input type="checkbox"/> Part time	
Your title	Supervisory? <input type="checkbox"/> No <input type="checkbox"/> Yes	Number supervised?	Type supervised? <input type="checkbox"/> Labor <input type="checkbox"/> Technical <input type="checkbox"/> Professional		Salary
Duties					
Reason for leaving		Name of supervisor		Telephone number	
Previous employer				Employment Dates (Month/Year)	
				From:	To:
Complete address, include City and State				<input type="checkbox"/> Full time <input type="checkbox"/> Part time	
Your title	Supervisory? <input type="checkbox"/> No <input type="checkbox"/> Yes	Number supervised?	Type supervised? <input type="checkbox"/> Labor <input type="checkbox"/> Technical <input type="checkbox"/> Professional		Salary
Duties					
Reason for leaving		Name of supervisor		Telephone number	

Previous employer				Employment Dates (Month/Year)	
				From:	To:
Complete address, include City and State				<input type="checkbox"/> Full time <input type="checkbox"/> Part time	
Your title	Supervisory? <input type="checkbox"/> No <input type="checkbox"/> Yes	Number supervised?	Type supervised? <input type="checkbox"/> Labor <input type="checkbox"/> Technical <input type="checkbox"/> Professional		Salary
Duties _____					
Reason for leaving		Name of supervisor		Telephone number	

Previous employer				Employment Dates (Month/Year)	
				From:	To:
Complete address, include City and State				<input type="checkbox"/> Full time <input type="checkbox"/> Part time	
Your title	Supervisory? <input type="checkbox"/> No <input type="checkbox"/> Yes	Number supervised?	Type supervised? <input type="checkbox"/> Labor <input type="checkbox"/> Technical <input type="checkbox"/> Professional		Salary
Duties _____					
Reason for leaving		Name of supervisor		Telephone number	

Previous employer				Employment Dates (Month/Year)	
				From:	To:
Complete address, include City and State				<input type="checkbox"/> Full time <input type="checkbox"/> Part time	
Your title	Supervisory? <input type="checkbox"/> No <input type="checkbox"/> Yes	Number supervised?	Type supervised? <input type="checkbox"/> Labor <input type="checkbox"/> Technical <input type="checkbox"/> Professional		Salary
Duties _____					
Reason for leaving		Name of supervisor		Telephone number	

Give information not covered elsewhere which relates to your qualifications or eligibility for this position. Job related volunteer experience: Organization name, supervisor name and phone number; and hours worked per year.					
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SPECIAL NOTE: If additional space is needed, attach sheets.

REFERENCES

Give names and addresses of three persons who are well acquainted with you and have knowledge of your qualifications for the position for which you are applying. *(Do not list relatives or repeat the names of supervisors listed under Work History.)*

Full Name	Complete Address (include City and State)	Telephone Number	Occupation

Is any additional information relative to change of name, use of assumed name, nickname, or maiden name necessary to enable us to check your work and/or academic record? ☐ Yes ☐ No

If yes, explain _____

Were you ever discharged or asked to resign from any position? ☐ Yes ☐ No

If yes, explain _____

RESIDENCY REQUIREMENT

As provided by the Charter of the City and County of Denver, Section C5.12, and Sub-Sections C5.12-1, C5.12-2, of Article V, all employees and officers (unless exempted by job location pursuant to Charter provisions) of Denver Water, hired on or after January 1, 1999, shall be required to have permanent residence within the corporate boundaries of one of the following counties: Denver, Boulder, Arapahoe, Adams, Elbert, Jefferson, or Douglas within three months after attaining regular status. I agree to abide by this residency requirement and I understand that my employment will be immediately terminated if I should ever fail to comply with this requirement.

CERTIFICATION AND INFORMATION RELEASE

I hereby certify that all questions are fully and correctly answered, and I authorize Denver Water to contact my former employers, references furnished, and all other sources Denver Water sees fit, and to conduct a credit check if required by the nature of the work to be performed, in order to verify the facts and information furnished with regard to my qualifications for the position sought. I hereby release any such employer or person from any and all liability of whatsoever nature on account of furnishing such information. I understand that if I make any misleading or incorrect statements on this application it may be rejected and, if I am employed, such statements would be cause for termination.

I agree to undergo a job related post-offer physical examination, including a drug screening test, and a strength test if required by the job. I understand that, if hired, I may be subject to periodic physical examinations.

Name: _____ Date: _____